



## TUITION REPORT

School Year 20\_\_-20\_\_

- The district **may** submit this form if the district had:
  - I. Mandatory attendance agreements for the most recent completed school year (20-5-321, 323)
- The district **must** submit this form if the district had:
  - II. Resident students attending in another district out-of-state during the most recent completed school year and the district pays tuition (20-5-321, 323);
  - III. Resident students attending day treatment programs under approved IEPs at private, nonsectarian schools during the most recent completed school year and the district paid tuition. (20-5-324(5))
- **Send one copy to OPI and one to your county superintendent before July 30.**

District Name:	Legal Entity #
County Name:	County #
District Contact Person: (please print)	Phone #
County Superintendent Signature:	Phone #

List all students who attended your district in the most recent school year under approved out-of-district attendance agreements for mandatory conditions provided in 20-5-321 (1)(b)(ii), (1)(d), (1)(e), MCA. Attach additional sheets, if needed. If tuition was waived, enter zero in column (E) and N/A in column (F). Paid to General Fund

[illegible]

**II. MONTANA STUDENTS ATTENDING OUT-OF-STATE -- TUITION CASES ONLY**

List all students residing in your district who attended an out-of-state school in the most recent completed school year and the amount of tuition your district is required to pay. (20-5-324(3)) Paid to Tuition Fund.

(A) Student Name	(B) Grade	(C) State and District Of Attendance	(D) Year of Attendance	(E) Tuition Amount Paid By Your District (Attach invoice from District of Attendance)	For Office Use Only

**III. MONTANA STUDENTS ATTENDING DAY TREATMENT PROGRAMS**

List all resident students attending day-treatment programs under approved Individualized Education Programs (IEPs) at private, non-sectarian schools in the most recent completed school year and the amount of tuition your district is required to pay. (20-5-324 (3)). Paid to Tuition Fund.

(A) Student Name	(B) Grade	(C) Name and Location of Private Day- Treatment Program	(D) Year of Attendance	(E) Tuition Amount Paid By Your District (Attach invoice from Private Day-Treatment Program)	For Office Use Only